

**MRS. REINHARDT.**

The Board of Trustees of Mills College (of Oakland, California) announces the election of Aurelia Henry Reinhardt, of the University of California, to the presidency of the College.

Mrs. Reinhardt is well known throughout California as a University Extension lecturer on English literature, and also, for three terms, as State chairman of literature of the California Federation of Women's Clubs. She is a life member of the Association of Collegiate Alumnae, a member of the Town and Gown Club of Berkeley, of the Prytanean and English Club of the University of California.

Mrs. Reinhardt has a national reputation also, as a scholar of distinction. After graduating from the University of California in 1898, she taught in the English department of the University of Idaho. In 1901-3 she was a scholar and fellow in English in the Graduate School of Yale University. While at Yale she edited and translated *The Monarchia* of Dante Alighieri, and this publication is now a college text-book. Later she held a European fellowship. While in residence at Oxford University in England she edited and published *Epicoene*, or *The Silent Woman*, by Ben Jonson, for which she received the degree of Doctor of Philosophy from Yale University in 1905.

The new president of Mills College is a member of Phi Beta Kappa, of the Dante Society of America and of the Concordance Society of America.

A Californian by birth, but of New England ancestry, she is interested in the Daughters of the American Revolution, of which she is a chapter regent.

Her marriage to Dr. George F. Reinhardt, Professor of Hygiene of the University of California, took place in 1909. Dr. Reinhardt rendered eminent service not only to the cause of public health in California, but also, in organizing the Student Infirmary at Berkeley, he inaugurated the most successful attempt ever made in the United States to establish co-operative medicine. Thus this young Californian will always be known as a pioneer in the movement to secure "better doctoring for less money," the slogan of that distinguished physician of Boston, Richard C. Cabot. The exceptionally useful career of Dr. Reinhardt came to an untimely end with his death in 1914.

Mills College, for more than a generation known as Mills Seminary, used to be hidden away in the foothills on the eastern shore of San Francisco Bay. Several years ago the Seminary was discontinued, and to-day the College on the same site, with its 135 acres of picturesquely wooded campus, is included in the boundaries of the growing city of Oakland.

That a woman of the forceful personality and of the pre-eminent intellectual attainments of Aurelia Henry Reinhardt, accepts the presidency of Mills College is significant of the position that the only college for women on the Pacific Coast has a right to assume.

The members of the present Board of Trustees of Mills College are David P. Barrows, University of California, president; George C. Edwards, Warren Olney, George W. Scott, Mrs. Frank M. Smith, Mrs. E. C. Wright, Mrs. Alexander F. Morrison, Miss Janet C. Haight, Mrs. Sophie Fiske Peart, Miss Ethel Moore, Mr. Frank M. Smith, Rev. George Eldredge, John M. Chase, Rev. Frank Goodspeed, Guy C. Earl.

**MEDICAL MEN OPEN HEALTH INSURANCE CAMPAIGN.**

New York City.—The Social Insurance Committee of the American Medical Association has opened permanent headquarters at 131 East 23rd street, with Dr. Alexander Lambert as chairman, and Dr. I. M. Rubinow as secretary. The committee was recently appointed by the Council on Public Health and the Board of Trustees of the Association to make a study of health insurance from the medical

point of view and to co-operate in making provisions for the best form of medical service under such a system of insurance.

Dr. I. M. Rubinow, author of "Social Insurance" and a leading actuary, who is also a qualified physician, has resigned his work as chief statistician of the Ocean Accident and Guarantee Corporation in order to take up this work for the American Medical Association. "In the first place we have to bring the immense possibilities of health insurance before the rank and file of the medical profession and the public," he said. "Such insurance is, I believe, the greatest single constructive proposal of modern times. We want to secure the active co-operation of the eighty thousand members of the Medical Association to get the best possible system for this country coupled with an efficient medical service. To this end the medical problem has to be studied thoroughly."

When asked what terms for medical service laid down in legislative proposals the American Medical Association might accept, Dr. Rubinow said: "All detailed provisions relating to medical service were left open in the bills introduced this year by the American Association for Labor Legislation, for it was thought that the best course was to secure initiative on these lines from the great body of medical men themselves. So that we do not organize while in the dark about essential facts we are planning to make an extensive inquiry into the economic position of the medical profession—a subject about which many conflicting statements are made. Our aim is to bring the best results of medical research and practice to the care of the workers' health while guarding the legitimate interests of the medical profession."

Dr. Rubinow, who has been studying health insurance and advocating it for the past fifteen years, then referred to the conflict which arose between the British Government and the Medical Association at the time of the introduction of the British Health Insurance Act. "Such a conflict is unnecessary," he said, "and it is injurious to the public and to the doctors alike. Mutual confidence between the public and the medical profession is necessary to obtain good results and such conflicts are particularly harmful to the status of the medical profession. No cut and dried plan is being thrust upon the physicians of this country and it is up to us to improve upon Great Britain's experience."

**OUTLINE OF POSSIBLE METHODS FOR THE ORGANIZATION OF MEDICAL SERVICE UNDER HEALTH INSURANCE.**

(Tentative Draft Submitted for Criticism and Discussion.)

**Arrangements for Medical Service.**

- A. Conditions of service established
  1. By law
  2. By regulation of
    - a. State commission
    - b. State commission after consultation with representatives of physicians working in the insurance.
    - c. State commission with details left to d. and e. especially as to
      - (1) Method of payment.
      - (2) Limitation in number of insured patients.
      - (3) Supervision of physicians.
    - d. Carriers (association, societies, health insurance unions).
    - e. Body composed in part of representatives of carriers in each district and representatives of physicians elected by doctors working for the insurance in each district under the chairmanship of a member of the state controlling body or a judge.
  3. By law as to general principles with details left for regulation by one of the bodies under 2.

- B. **Contracts** for medical service to be made with
1. State commission
  2. Carrier.

### Free Choice.

- A. Of Doctor by Patient.
- I. Unlimited Free Choice.
    1. Among all practicing physicians.
    2. Among all legally qualified physicians.
  - II. Organized Free Choice.
    1. From among the physicians on a "Panel";
      - a. To which any duly qualified physician may belong;
      - b. Which has been selected by the association (health insurance union) from among physicians
        - (1) Legally qualified to practice
        - (2) Physicians who have met a special test;
      - c. Which is composed of the members of a local association of physicians.
        - (1) Subject to the rights of individual physicians to refuse insurance work.
        - (2) Subject to the understanding that all members will undertake insurance work.
    2. Subject to limitations placed on number of insured patients a doctor may care for
      - a. By law
      - b. By regulations
      - c. By associations.
  - III. Limited Free Choice among salaried physicians in the employ of the associations.
  - IV. No choice; district medical officer of the society the only recognized physician.
  - V. Special arrangements for patients desiring
    1. Unqualified physician (i. e. osteopath).
    2. Qualified physician not on panel.
- B. Refusal of patients by doctor.
- I. Refusal permitted on the grounds of
    1. Distance of patient from doctor's office.
    2. Already large list of patients.
    3. Liability of patient to become ill.
  - II. Right of refusal to be
    1. Specified in the (law), (medical benefit regulations), (rules of the association).
    2. Left to the discretion of doctor.

### Representation of Doctors.

- A. Possible methods of representation.
- I. Central bodies.
    1. Membership on state social insurance commission.
    2. Medical advisory board to social insurance commission.
    3. State medical society acting in an advisory capacity.
  - II. Local bodies.
    1. Committee representing all doctors in the district.
    2. Committee representing all insurance doctors in (district) (of each association), (of each health insurance union).
    3. Membership on (board of directors of association), (committee of association).
    4. Medical advisory committee to association.
    5. Special committee for disputes.
  - B. Matters on which the medical profession may desire representation.
    - I. Formulation of medical benefit regulations, with provision for
      1. In normal times
        - a. Terms of service.
        - b. Rates of payment.
        - c. Methods of payment.
        - d. Size of panels.
        - e. Maintenance of high standards of practice.
      2. In abnormal times
        - a. Agreements between medical profession and the Commission when asso-

ciations fail to provide adequate medical care.

- b. Each equivalent of medical care.
- c. Authorization of other arrangements by associations.

- II. Settlement of disputes between
1. Insured persons and doctors.
  2. Associations and doctors.

### Supervision of Doctors.

- A. Bodies through which supervision is possible
- I. Social Insurance Commission.
    - II. Central body representative of physicians
      1. Medical advisory board acting in an advisory capacity to the Commission.
      2. Inquiry committee for the special consideration of disputes.
  - III. Local bodies representative of physicians of the district.
    1. Local medical committee representative of all the physicians.
    2. Local panel committee representing all the insurance doctors of the (association), (health insurance union), (the district).
  - IV. The health and trade health associations through
    1. Confidential medical advisors appointed by
      - a. Association.
      - b. Physicians.
      - c. By two parties.
    2. Special committee such as
      - a. Conciliation committee composed of doctors and representatives of the association to deal with disputes between the doctors and the association.
      - b. Arbitration committee, representing the doctors, the associations, and the public, to act as a court of appeal in disputes.
  - V. Board of Health.
    1. Local.
    2. State.
  - B. Points upon which supervision may prove necessary according to European experience, and which therefore should be distributed among the possible supervisory bodies.
    - I. Character of medical care provided.
    - II. Professional practices.
      1. Inquiry into the extent to which doctors give certificates.
      2. Examination of patients suspected of malingering.
      3. Examination of doctors' accounts to see that charges are correct.
      4. Inquiry into the extent to which doctors give prescriptions, as well as into the character of prescriptions.
    - III. Dismissal of doctor from insurance practice.

### HAY-FEVER WEEDS AND HOW THEY MAY BE RECOGNIZED.

With the approach of early summer, the hay-fever sufferer looks forward with dismay to the beginning of his trials. The efforts which have been inaugurated in many of the States to eradicate or control the hay-fever weeds give promise of the eventual eradication of hay-fever, but these measures should be commenced at once in order to be effective.

Fortunately the weeds that are the most noxious to the hay-fever sufferer are already on the black list of the farmer, and have no redeeming features in color, scent or utility. Their chief characteristics are as follows:

1. They are wind-pollinated.
2. Very numerous.
3. The flowers are inconspicuous, without bright color or pleasant scent.
4. The pollen is found in great quantities.